Agricultural Research Service Environmental Management System Self-Declaration Protocol

<u>Purpose</u>: This document establishes the policies and procedures for Environmental Management System (EMS) Self-Declaration within the Agricultural Research Service (ARS).

Background: Executive Order (E.O.) 13423, "Strengthening Federal Environmental, Energy, and Transportation Management," which supersedes E.O. 13148, requires "appropriate facilities," to develop and implement an EMS by December 2008. ARS Headquarters, Area Offices and Locations have been designated "appropriate facilities" and are required to have an EMS in-place.

An important component of a successful EMS is self-declaration. An EMS Self-Declaration is a public statement that a facility conforms to nationally accepted standards. Self-declaring an EMS can help assure stakeholders, the general public, and surrounding communities, of our commitment to sound environmental management. Additionally, many States have recognition programs that provide increased regulatory flexibility for facilities with an accredited EMS.

<u>Policy</u>: It is ARS policy that each facility certify it has self-declared their EMS utilizing Agency or other adopted standards. Facilities in non-conformance with a requirement(s) will develop an action plan and correct the deficiency(s) in a timely manner.

Roles and Responsibilities: EMS roles and responsibilities are in ARS Manual 230.0M, "Safety, Health, and Environmental Management Program." Additional EMS guidance can be found in the "ARS EMS Implementation Guide". Both documents are located at the ARS Administrative and Financial Management webpage at http://www.afm.ars.usda.gov/.

ARS Standards: The Agency has developed the attached Self-Declaration Checklist so that a facility may certify that its EMS meets ARS standards. At this time, the checklist is not inclusive of all EMS requirements under the E.O. In the spirit of continual improvement, the checklist will evolve in successive years to incorporate these additional standards. As such, each facility utilizing the Agency's checklist will self-declare each calendar year until the requirements of the E.O. are met.

To utilize ARS' Self-Declaration Checklist, Auditor(s) will have received at a minimum, basic EMS training. Auditors should respond "yes", "no" or "n/a" (not applicable) to each question verifying that the facility has documentation to support the claim. If the facility answers "no" to a question, milestones for correcting the deficiency should be developed in the "Corrective Actions with Milestones" sections provided. Corrective actions should be completed by no later than July 1st of each year following the annual EMS self-declaration. The Review Certification Form at the end of the checklist should then be completed, summarizing the findings of the audit. The Senior Management Official at the facility (e.g., Research Leader at a Location) will review the checklist and sign the Review Certification Form.

Other Standards: Facilities desiring to certify under other standards or to participate in a Federal or State recognition program (e.g., International Standards Organization, National Environmental Performance Track, etc.) will be considered as fulfilling the certification process as long as the requirements are at least as stringent as ARS standards. Facilities selecting this alternative will maintain the adopted certification in lieu of the ARS Review Certification. Auditors will meet the minimum training requirements of the adopted standard, or otherwise, be trained as a lead auditor.

<u>Reporting</u>: Annually, each facility will report on the EMS self-declaration activities that have taken place during the past calendar year. Locations will provide a copy of the ARS Review Certification Form or the adopted certification to the Area Office. Areas will consolidate the information into a summary report for the Facilities Division, Safety, Health and Environmental Management Branch (SHEMB). SHEMB will consolidate the Area information into the overall Agency report for the Department. Additionally, each Area will provide a follow-up report to FD, SHEMB, by July 30th of each year indicating the status of corrective actions at each of its facilities.

Evaluation: SHEMB and Area Offices will utilize the information to develop a plan for: providing assistance; conducting higher level audits; and enacting system improvements.

| QUESTION: YES | | | | | | |
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| SECTION 1. Maintaining a Policy of Commitment to Environmental Excellence | | | | | | |
| 1.1 | Has the facility developed an EMS policy statement specific to its mission and environmental activities (i.e., does it reflect the significant environmental aspects and impacts that occur there?) | X | | | | |
| 1.1.1 | Does the policy statement contain, at a minimum, a commitment to environmental compliance, pollution prevention and conservation practices, and continual improvement? | Х | | | | |
| 1.2 | Has the policy statement been signed by the current Senior Management Official at the facility? | Х | | | | |
| 1.3 | Is the policy statement reviewed annually and updated if necessary? | Х | | | | |
| 1.4 | Have significant efforts been made to communicate the policy statement to all employees at the facility? | х | | | | |
| 1.5 | Is the policy statement posted on a bulletin board(s) in a conspicuous location(s)? | Х | | | | |

<u>Corrective Action with Milestones</u>. For each question marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).

| QUESTION: | | | NO | N/A |
|---|---|---|----|-----|
| SECTION 2. Developing Annual Goals, Objectives, and Targets to Advance Our Program Performance in Terms of Bot Regulated and Unregulated Impacts | | | | |
| 2.1 | Has the facility developed measurable annual goals and objectives? | х | | |
| 2.1.1 | Are the goals and objectives based in part on: Significant environmental impacts associated with facility and research-related operations; | X | | w |
| | Deficiencies noted by employees discovered during day-to-day monitoring activities; | | | 200 |
| | Regulatory issues and trends discovered during internal and external inspections, reviews, or audits; | | | |
| | Pollution prevention and conservation initiatives; and/or, | | | |
| | Agency-wide emphasis programs? | | | |
| | Have goals and objectives been approved and endorsed by the Senior Management Official within the organizational unit? | х | | |
| | Have the goals and objectives been prioritized based on guidance in the ARS EMS Implementation Guide or some other prioritization scheme the facility has developed? | Х | | |
| 2.3 I | Have responsibilities for goals and objectives been assigned? | X | | |
| 2.4 I | Have milestones for completion been established? | Х | | 1 |
| | Is progress on implementation of annual goals and objectives reviewed periodically and documented? | х | | |
| 2.6 | Have 80-100 % of annual goals and objectives been accomplished during the calendar year? | Х | | |

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| QUES | TION: | YES | NO | N/A |
| SECTI | ION 3. Considering environmental impacts when making policy, planning, purchasing, and oper | ating d | ecision | s. |
| 3.1 | Has the facility established a written procedure to identify its significant environmental aspects and impacts? | Х | | |
| 3.2 | Has the facility identified and/or reevaluated its significant environmental aspects and impacts this calendar year? | | X | |
| | ective Action with Milestones. For each question marked "No" above, please reference the question nuription of the corrective action(s) to be taken along with the anticipated completion date(s). | mber an | d provi | de a |
| on the | r EMS, up until now, has existed based on the fiscal year calendar. Our Significant Aspects/Impacts we fiscal year. It was last done at the end of 2006 (beginning FY07). In order to transition the EMS as a we will reevaluate our Significant Aspects/Impacts in January 2008. | | | |
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| 4.1 | ION 4. Identifying and Complying with Pertinent Requirements in Federal, State, and Local La Permits; Department of Agriculture and ARS Policies and Procedures; and Industry Co Adhere To Does the facility have a written procedure to identify and access applicable regulatory requirements, policies, and standards? | | | |
| 4,2 | Are applicable legal and other requirements (e.g., Departmental guidance, ARS P&Ps, FAR, and Executive Orders) taken into account as part of the implementation and maintenance of the | Х | | |
| | CTTN ACO | | | |
| | facility's EMS? <u>ective Action with Milestones</u> . For each question marked "No" above, please reference the question nuription of the corrective action(s) to be taken along with the anticipated completion date(s). | | d provi | de a |
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| QUESTION: | | | | N/A |
| SECT | TION 5. Requesting the Necessary Resources to Successfully Carry Out Our Goals, Objectives, a | nd Tar | gets | |
| 5.1 | Has the facility dedicated resources (e.g., personnel, materials, equipment) to support their EMS efforts? | х | | |
| 5.2 | As necessary, has the facility requested, through the Annual Resource Management Plan (ARMP) budget process, funding and resources needed to: prevent or correct human health issues; prevent or clean up environmental releases; correct compliance issues or violations; ensure continued compliance with new regulatory requirements; and, support pollution prevention, conservation initiatives, and other projects that will enhance the overall environmental program? | Х | | |
| 5.3 | Where environmental projects have been identified in the ARMP High Priority Requirements List (HPRL), has the compliance status been identified in the project narrative, and for pollution prevention and conservation projects, has a cost payback period or the environmental benefits been included in the project narrative, to ensure they receive appropriate consideration. | X | , | |
| | ective Action with Milestones. For each question marked "No" above, please reference the question nur ription of the corrective action(s) to be taken along with the anticipated completion date(s). | nber an | id provi | ide a |
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| QUES | TION: | YES | NO | N/A | | |
| SECT | SECTION 6. Making Personnel Aware of Their Environmental Roles and Responsibilities, Providing Appropriate Training, and Holding Employees Accountable for Their Performance and Actions, Including Recognizing Them for Outstanding Performance | | | | | |
| 6.1 | Has an individual been delegated authority and assigned overall responsibility for the EMS (i.e., EMS Coordinator?) | Х | | | | |
| 6.2 | Has an EMS Committee been established? | Х | | | | |
| 6.3 | Has the establishment of the EMS Coordinator and EMS Committee been documented in writing via ARS Form 309 or through some other means? | х | | | | |
| 6.4 | Do the EMS Coordinator and other key personnel who have a critical role in carrying out the facility's EMS have environmental duties in their performance plan? "Key" personnel may include employees who must adhere to environmental regulations through licenses, training, etc. Examples could include: Incinerator Operators, Pesticide Applicators, Wastewater Treatment Operators, and Water System Operators. | х | - | | | |
| 6.5 | Are the performance ratings of the EMS Coordinator and other key personnel who have a critical role in carrying out the facility's EMS based in part on their environmental duties? | Х | | | | |
| 6.6 | Does the EMS Committee meet on a recurring basis (i.e., not less than quarterly)? | х | | | | |
| 6.7 | Have the EMS Coordinator and Committee Members received EMS training congruent with their responsibilities? | х | | | | |
| 6.8 | Have significant efforts been made to provide EMS awareness training to all employees? | х | | | | |
| 6.9 | Is there a written procedure in place to ensure that new employees receive EMS awareness training? | Х | | | | |
| 6.10 | Have new employees received EMS awareness training? | X | | | | |
| 6.11 | Does the facility have a written procedure to identify environmental training requirements for each position at the facility? | Х | | | | |
| 6.12 | Are environmental training requirements documented and tracked via Individual Development Plans (IDPs), ARS Form 48? | | Х | | | |
| 6.13 | Has completed environmental training been documented? | Х | | | | |
| | ctive Action with Milestones. For each question marked "No" above, please reference the question nu iption of the corrective action(s) to be taken along with the anticipated completion date(s). | mber an | d provi | de a | | |

6.12 EMS is a required training and not left to an optional IDP. However, training records are kept to ensure that everyone at this location is trained annually.

SECTION 7. Routinely Monitoring Our Environmental Operations and Conducting Periodic Inspections, Audits, and Reviews to Ascertain That We Meet Applicable Standards and to Evaluate Our Program Effectiveness

| QUES | STION: | YES | NO | |
|-------------------|--|-------------|------------------|---|
| 7.1 | Has the facility conducted an annual inspection (e.g., ARS Inspection/Abatement Program) that includes an environmental component in the current calendar year? | х | an emoraly a new | |
| 7.2 | Have written report(s) of findings been provided to the Senior Management Official at the facility? | х | | |
| 7.3 | (Area Only) Has the Area developed a written 10 year plan outlining the year(s) in which each of its Locations will be inspected/audited/reviewed? | | | |
| 7.4 | (Area Only) Does the Area plan include an explanation of the rationale for the type(s) and frequency of inspections/audits/reviews selected? | | | |
| 7.5 | (Area Only) Does the Area 10 year plan include a 2 nd or 3 rd party audit of each facility at a minimum of every 3 years as required under E.O. 13423? | | | |
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| SECT | ION 8. Correcting Identified Deficiencies in a Timely Manner and Taking Appropriate Steps to Recurrence | Preven | it Théi | r |
| SECT 8.1 | | Preven | it Sthei | |
| | Recurrence | | it Whei | F |
| 8.1 8.2 8.3 | Recurrence Does the facility have a written procedure for ensuring that deficiencies are corrected? Have deficiencies been corrected in a timely manner or has a corrective action plan been developed for long-term improvements? Have corrective actions been documented? | x x x | | |
| 8.1 8.2 8.3 | Recurrence Does the facility have a written procedure for ensuring that deficiencies are corrected? Have deficiencies been corrected in a timely manner or has a corrective action plan been developed for long-term improvements? | x x x | | |

| 9.2 Does the Senior Management Official at the facility annually evaluate and certify the progress made on implementing the EMS? 9.3 Did the Senior Management Official at the facility respond to recommendations for continual improvement? 9.4 Is progress on EMS implementation communicated to facility personnel on an annual basis? X Corrective Action with Milestones. For each question marked "No" above, please reference the question number and prodescription of the corrective action(s) to be taken along with the anticipated completion date(s). | 11.1 (12.00) (12.00) |
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| improvement? 9.4 Is progress on EMS implementation communicated to facility personnel on an annual basis? X Corrective Action with Milestones. For each question marked "No" above, please reference the question number and progression in the progression of th | |
| Corrective Action with Milestones. For each question marked "No" above, please reference the question number and pro- | |
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ARS Environmental Management System Review Certification Form v2007

| Facility Information. Tifton, GA Location | : Crop Protection and Management Research | Unit, Crop Genetics and Breeding |
|---|--|---|
| | Southeast Watershed Research Unit | • |
| racinty Name. | | |
| City: Tifton | State: GA | Zip Code: <u>31794</u> |
| Type of Certification. Please check of | - | |
| 1 st party. An internal evalua EMS Coordinator, EMS com | tion conducted by the participants within the somittee members, etc.) | cope of the EMS under consideration (e.g., |
| | valuation conducted by reviewers from outside , Contractors, Regulators, etc.) | e the scope of the EMS under consideration |
| Accreditation Board. This for | valuation conducted by an American National symmetry rmal process is conducted in conformance with this results in the facility being fully ISO 14 | h ISO 14001 Standards (i.e., for facilities |
| Certification has not yet been | conducted. | |
| Reviewer(s): | | |
| Name (print): | Title: | Signature (optional): |
| Tamara Snipes | Chemist/EMS Coordinator | Januara Shipes |
| Dr. Timothy C. Strickland | Location Coordinator | Jimothy C. Staickland |
| Thomas A. Hendricks | Chemist/CDSO | Stymbo U. Handricks |
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| | on answered "No" in the above checklist, pleas ate (e.g., Q 6.1 - 05/01/06). Deficiencies shou | |
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| Attestation: As the Senior Managem determined that it is complete, factual /www.hyc. Strickland | | information that is being submitted and Muofly Startaged Signature: |